

DECLARATION FOR "371" APPLICATION

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET
VB60395First Named Inventor:
Ralph BIEMANSComplete if known:
App No.:

Filing Date

Group Art Unit:

- () Declaration submitted with initial filing or
- () Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Refolding Method

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on _____ as United States application Serial No. _____ or PCT International Application Number PCT/EP03/10085 filed 28 August 2003 and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:


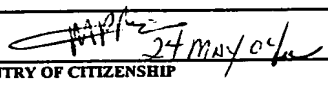
PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 0220197.8	GB	30 August 2002	X
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

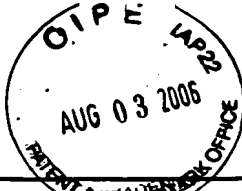
Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	

DECLARATION FOR "371" APPLICATION

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued				ATTORNEY'S DOCKET NUMBER VB60395
<p>I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>				
PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION				
		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462</p>				
Address all correspondence and telephone calls to Customer Number 20462			Direct Telephone Calls to: Jeffrey Sutton 610 270 6316	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>				
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME BIEMANS	FIRST GIVEN NAME Ralph	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Rixensart	STATE OR FOREIGN COUNTRY Belgium	COUNTRY OF CITIZENSHIP BE
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 709 Swedeland Road	CITY King of Prussia	STATE & ZIP CODE/COUNTRY Pennsylvania 19406, US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME BOS	FIRST GIVEN NAME Martine	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature 		Date: 
	RESIDENCE & CITIZENSHIP	CITY Utrecht	STATE OR FOREIGN COUNTRY Netherlands	COUNTRY OF CITIZENSHIP NL
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 709 Swedeland Road	CITY King of Prussia	STATE & ZIP CODE/COUNTRY Pennsylvania 19406, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME DENOEL	FIRST GIVEN NAME Philippe	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Rixensart	STATE OR FOREIGN COUNTRY Belgium	COUNTRY OF CITIZENSHIP BE
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 709 Swedeland Road	CITY King of Prussia	STATE & ZIP CODE/COUNTRY Pennsylvania 19406, US
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME FERON	FIRST GIVEN NAME Christiane	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Rixensart	STATE OR FOREIGN COUNTRY Belgium	COUNTRY OF CITIZENSHIP BE
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 709 Swedeland Road	CITY King of Prussia	STATE & ZIP CODE/COUNTRY Pennsylvania 19406, US

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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	GORAJ	Karine	
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
5	POST OFFICE ADDRESS	Rixensart	Belgium	BE
		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	King of Prussia	Pennsylvania 19406, US
		709 Swedeland Road		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	POOLMAN	Jan	
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
6	POST OFFICE ADDRESS	Rixensart	Belgium	NL
		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	King of Prussia	Pennsylvania 19406, US
		709 Swedeland Road		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	TOMMASSEN	Johannes	Petrus Maria
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
7	POST OFFICE ADDRESS	Utrecht	Netherlands	NL
		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	King of Prussia	Pennsylvania 19406, US
		709 Swedeland Road		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	WEYNANTS	Vincent	
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
8	POST OFFICE ADDRESS	Rixensart	Belgium	BE
		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	King of Prussia	Pennsylvania 19406, US
		709 Swedeland Road		



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PATENT APPLICATION WITH POWER OF ATTORNEY ContinuedATTORNEY'S DOCKET NUMBER
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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
			PATENTED	PENDING	ABANDONED

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Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 20462

Direct Telephone Calls to:

Jeffrey Sutton
610 270 6316

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2 0 1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	BIEMANS	Ralph	
	RESIDENCE & CITIZENSHIP	CITY Rixensart	STATE OR FOREIGN COUNTRY Belgium	COUNTRY OF CITIZENSHIP BE
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 709 Swedeland Road	CITY King of Prussia	STATE & ZIP CODE/COUNTRY Pennsylvania 19406, US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	BOS	Martine	
	RESIDENCE & CITIZENSHIP	CITY Utrecht	STATE OR FOREIGN COUNTRY Netherlands	COUNTRY OF CITIZENSHIP NL
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 709 Swedeland Road	CITY King of Prussia	STATE & ZIP CODE/COUNTRY Pennsylvania 19406, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	DENOEL	Philippe	
	RESIDENCE & CITIZENSHIP	CITY Rixensart	STATE OR FOREIGN COUNTRY Belgium	COUNTRY OF CITIZENSHIP BE
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 709 Swedeland Road	CITY King of Prussia	STATE & ZIP CODE/COUNTRY Pennsylvania 19406, US
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	FERON	Christiane	
	RESIDENCE & CITIZENSHIP	CITY Rixensart	STATE OR FOREIGN COUNTRY Belgium	COUNTRY OF CITIZENSHIP BE
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 709 Swedeland Road	CITY King of Prussia	STATE & ZIP CODE/COUNTRY Pennsylvania 19406, US